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| <b>Case Number:</b>   | CM14-0010022 |                              |            |
| <b>Date Assigned:</b> | 02/21/2014   | <b>Date of Injury:</b>       | 10/31/2012 |
| <b>Decision Date:</b> | 04/23/2014   | <b>UR Denial Date:</b>       | 12/26/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/24/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 34 year old man with a date of injury of 10/31/12. He was seen by his physician on 12/16/12 for a follow up visit. He had recalcitrant right lateral elbow pain with point tenderness over the right lateral epicondyle and along the extensors. Cozen's test was positive. He was taking ibuprofen BID and his diagnosis was right lateral epicondylitis. The records indicate that he had no tear on MRI and he has tried physical therapy, medications, injections and rest without benefit. He continued with work restrictions which precluded repetitive gripping, grasping, torqueing or manipulation or fine dexterity with his right hand. A surgical consult was requested, as was work conditioning programs, which are both at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**SURGICAL CONSULTATION WITH [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 1-60.

**Decision rationale:** This injured worker has a history of lateral epicondylitis with no tear on MRI and he has tried physical therapy, medications, injections and rest without benefit. The history and physical exam do not document any red flag symptoms or signs which would be indications for immediate referral. Also, lateral epicondylitis is listed as a non-red flag elbow condition that can be handled by a primary care physician. There is currently a debate regarding whether lateral epicondylalgia is an inflammatory condition or an enthesopathy and what treatments are most appropriate. Conservative care should be maintained for a minimum of 3-6 months. Although some individuals will improve with surgery for lateral epicondylalgia, at this time there are no published RCTs that indicate that surgery improves the condition over non-surgical options. There are clinical trials to compare different surgical techniques, but this type of study cannot show the benefit of surgical intervention over medical treatment or untreated controls, particularly when numerous studies have documented the tendency for the condition to spontaneously improve over time. The medical records do not support the medical necessity of a surgical consultation.

#### **WORKING CONDITIONING PROGRAM TIMES 10: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

**Decision rationale:** Work conditioning or work hardening is recommended as an option per the MTUS but has several criteria. In this injured worker, the records do not document that he meets all of the criteria. He is past the two year recommended time limit since his injury and he is concurrently being referred for surgical consultation. Details of his job work conditions are also not included. The work conditioning program's medical necessity is not substantiated in the records.